

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

57
06845

1. PLACE OF DEATH

County

Calvert

Village or City

Solomons

Registration Dist. No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Willie Bud

If U. S. Veteran, specify WAR

(a) Residence: No.

North Va

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

c

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Sailor U.S.N.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

U.S. Navy

18. BURIAL, CREMATION, OR REMOVAL

Place

Removal

Date

7-23, 1946

19. UNDERTAKER

(Address)

U.S. Naval Mine Warfare Test Station
Solomons, Md

20. FILED

7-23, 1946

N. C. Ward

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

23

1946

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19____ to 19____

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide

Date of injury 7/23/46, 19

Where did injury occur? Solomons Test Station

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County ColumbiaCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1 hr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State DC County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years 29

Months

Days

If less than one day

hrs.

min.

9. Birthplace _____

(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
MOTHER

12. Name _____

13. Birthplace _____

14. Maiden name Isabel Charetan

15. Birthplace _____

16. Informant _____

Address _____

17. Burial
(Burial, cremation, or removal. Which?)Date thereof _____
(month) (day) (year)

Cemetery or crematory _____

Location _____

18. Funeral director William H. HutchinsAddress Owings, Md.19. 7/8/46
(Date rec'd by registrar)Registrar Howard

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 46 3:50p

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him _____ alive on _____

Immediate cause of death fractured skull

DURATION

2 hr

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/6/46Where did injury occur? Paris, Dist. of Columbia
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of Injury Motorcycle injured at work? Yes23. SIGNATURE Dr. W. H. Hutchins

M. D. or other

Address Paris, D.C. Date signed 7/6/46

RECEIVED
JUL 16 1946
BUREAU OF

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on 2411 N. Charles St., Baltimore 732

FILM No. I O 6 AUG 13 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hezekiah Duke Mason

3. (b) Social Security Number

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

X

8. (b) Name of husband or wife

Lillian Mason

7. Birth date of deceased (mo., day, yr.)

Oct. 6, 1861

6. (c) If alive, give age 71 years

8. AGE:

Years

Months

Days

If less than one day

84

7

8

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Augustus Mason

13. Birthplace

md

MOTHER

14. Maiden name

Mary C. Alsop

15. Birthplace

md

16. Informant

Lillian Mason

Address

Prince Frederick Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

8-3-46
(month) (day) (year)

Cemetery or crematory

Mt Olivet

Location

Calvert

18. Funeral director

P. E. Savell

Address

Prince Frederick Md

19.

8-1 19 46
(Date rec'd by registrar)

N. W. Ward
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

md

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name War

MEDICAL CERTIFICATION

20. DATE OF DEATH

31 July

19 46

at 8

1

45

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 April

19 46

to 31 July

19 46

and that I last saw him alive on

30 July

19 46

Immediate cause of death

Myocardial infarction

DURATION

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hezekiah Duke Mason

M. D. or other

Address

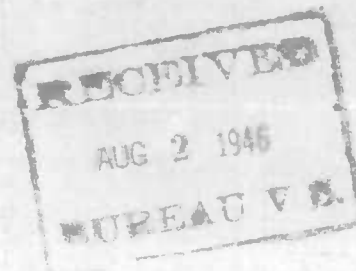
Prince Frederick Md

Date signed 31 July 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 51

1. PLACE OF DEATH:

County Calvert HospitalCity or town Prince Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Sunderland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank J. Monnell

3. (b) Social Security Number

4. Sex

M.

5. Color or race

C

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Feb. 22, 1990

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

56

hrs.

min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Henry Monnell

13. Birthplace

Md

MOTHER

14. Maiden name

Ida Hall

15. Birthplace

Md

16. Informant

Mary Harvey

Address

Huntington, Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

7-10-46
(month) (day) (year)

Cemetery or crematory

Mt Hope

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick, Md

19.

July 10, 1946
(Date registered by registrar)

19.

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-1946 at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 April 1946 to 7 July 1946
and that I last saw him alive on 7 July 1946

Immediate cause of death

ultra sclerotic heart disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Huntington Date signed 9 July 46

RECEIVED
JUL 12 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Information from second
certificate filed under
"Twyman" 8/8/46 dm
Film G106 8/8/46 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 185

CERTIFICATE OF DEATH

Reg. Dist. No.

06849/52

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No. 609 C. Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

4. Sex 14 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Helen Hockman Twyman

7. Birth date of
deceased (mo., day, yr.) 5/9/12

6.(c) If alive, give age..... years

8. AGE: Years 34 Months 7 Days 8
It less than one day
..... hrs. min.9. Birthplace Hodgenville, Kentucky
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Hourish Brewing Company

12. Name John Ivy Twyman
13. Birthplace Kentucky14. Maiden name Virginia Cissell
15. Birthplace Kentucky16. Informant William Twyman (brother)
Address Louisville, Kentucky17. Removal to D.C. Date thereof July 17, 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Burial, Glenwood Cem. D.C.

Location Washington, D.C. (July 17, 46)

18. Funeral director J. Frank Joy Company
Address 5406 Illinois Ave. N.W.
Washington, 11, D.C.19. July 13 19 46 H.W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/46 19 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....
and that I last saw him..... alive on..... 19.....

Immediate cause of death

Drown

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/13/46

Where did injury occur? Glen Mt. Cemetery
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Ches. Bay

Means of injury Drown

Injured at work?

23. SIGNATURE

Address..... Date signed.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County CalvertCity or town Calvert
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Calvert
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Augustus Weems.

3. (b) Social Security Number

4. Sex

m.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

x

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) march, 1868

6. (c) If alive, give age _____ years

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md.
(Town, county, and state)10. Usual occupation ?

11. Industry or business _____

FATHER 12. Name ?

13. Birthplace _____

MOTHER 14. Maiden name Olevia Weems.15. Birthplace md.16. Informant major Gross.Address Calvert, md.17. X Date thereof 7-9-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Eastern ChapelLocation Calvert, md.18. Funeral director P. E. SewellAddress Prince Frederick19. July 7 19 46 2412 Pinalon
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946 at 8:31 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 45 to July 5 19 46
and that I last saw him live on _____ 19 _____

Immediate cause of death _____ DURATION

Due to Cardiac Distress
Myocardial FailureDue to Atherosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

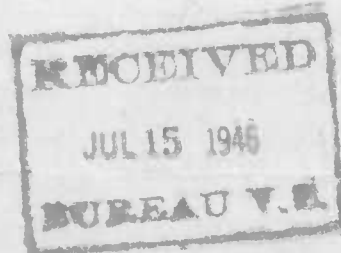
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Prince Frederick M. D. or otherAddress Prince Frederick Date signed 7/6/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46P)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert
 City or town Olivett
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert

City or town Olivett
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas I Weems

3. (b) Social Security Number

4. Sex

M.

5. Color or race

C

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

Elmora Weems6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

Feb 19, 1883

8. AGE:

Years

Months

Days

If less than one day

63

hrs. min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

carpenter caulker

11. Industry or business

MOTHER

12. Name

James Weems

13. Birthplace

md.

14. Maiden name

Mary E. Ebbs

15. Birthplace

md.

16. Informant

Elmora Weems

Address

Olivett, md.

17.

Burial

Date thereof

7-22-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Eastern Chapel

Location

Calvert

18. Funeral director

P.E. Sawall

Address

Prince Frederick md

19.

July 221946J.H. Moore

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1946 at 2:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw him alive on 19

Immediate cause of death Carcinomatous
due to Ca of Stomach

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. de Villanova M. D. or otherAddress Prince Frederick Date signed 7/22

